



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

[REDACTED]

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Teske*

Agent
 Addressee

B. Received by (Printed Name)

m TESKE

C. Date of Delivery

10-27-11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

[REDACTED]

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7009 2820 0001 7633 4565

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CPD 0018394